

Columbia Street Banner Application

Please complete this application to request a banner across Columbia Street, between 3rd and 4th Street, in downtown Lafayette. Banners are hung for a two-week period. While we will do our best to accommodate your request, please be aware that with an abundance of community event banners we may not be able to give you the dates that you have requested. If the exact dates you requested are unavailable, we will contact you to find an agreeable solution.

There are a few steps we would like to make you aware of to make the process simple. Please follow the checklist below. As always, you may contact us with any questions.

- 1. Contact the City of Lafayette Clerk's Office to schedule installation. Banners are only installed and removed on Tuesday, so please schedule your dates accordingly. Please drop off the banner at the City of Lafayette Traffic Department located at 258 S. 3rd Street 765-807-1401 two (2) weeks prior to the date you would like to have the banner hung.
- 2. Request approval from the Lafayette Board of Works and Public Safety, (765) 807-1021.
- 3. Contact your insurance agent to request a Certificate of Insurance to be provided to the City of Lafayette Clerks Department.
- 4. Banner size is 4'X30', should be double sided, have grommets and wind slits(to prevent damage). A variety of local printing and graphics companies are available for printing, visit http://www.greaterlafayettecommerce.com/members/ and look for banners or printing.
- 5. **Installation Fee:** There is a \$50 installation fee due at the time of submission to the City Clerk's Office.

Name: ANN FIELDS	MONICAL
Organization: THE ARM	IS FEDERATION - TASTE OF TIPECANOE
Dates of Request: _ しいんと	7-21,2022
Address: 636 NORTH	ST LAFAYETTE IN 47901
Phone: <u>765- 423-278</u>	Email: ANNE THE ARTS FEDERATION. COM
*No political banner will be ac	cented.

TO: City of Lafayette Board of Works

FROM: Ann Fields Monical, TASTE Event Director RE: 2022 TASTE of Tippecanoe Street Banners

March 14, 2022

Dear Board Members,

I am requesting the hanging of the TASTE of Tippecanoe banner over Columbia Street, beginning June 7 through June 20, 2022.

The Arts Federation presents the TASTE of Tippecanoe as a fundraiser to benefit the cultural sector. The event is vitally important as an economic and community development tool. The promotion of the TASTE of Tippecanoe using the requested banner has caused greater awareness of the date of the event resulting in an increase draw.

Thank you for your consideration. Please let me know if you have any questions.

Respectfully,

Ann Fields Monical

Chief Operating Officer

ann@theartsfederation.org

(765) 423-2787

The Arts Federation

638 North Street

Lafayette, IN 47901



Client#: 89441

TIPPART

 $ACORD_{\scriptscriptstyle{\sqcap}}$

CERTIFICATE OF LIABILITY INSURANCE

7/01/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT Carol Ruemler				
EPIC Insurance Midwest		PHONE (A/C, No, Ext): 765-420-1332	FAX (A/C, No):			
2663 Duncan Road		E-MAIL ADDRESS: carol.ruemler@epicbrokers.com				
Lafayette, IN 47904		INSURER(S) AFFORDING COVERAGE	GE .	NAIC#		
		INSURER A: West Bend Mutual Insurance Compan	y 153	350		
INSURED	leration	INSURER B:				
Tippecanoe Arts Fed		INSURER C:				
638 North Street		INSURER D:				
Lafayette, IN 47901		INSURER E:				
		INSURER F:				
COVEDACES	CERTIFICATE NUMBER.	DEVICION NUM	DED.			

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR TYPE OF INCUPANOE ADDL SUBR POLICY EFF POLICY EXP									
INSR LTR	TYPE OF INSURANCE		INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X	COMMERCIAL GENERAL LIABILITY			A948935	07/31/2021	08/01/2022	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,000
	P	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
	c	OTHER:							\$
	AUTO	MOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		NY AUTO						BODILY INJURY (Per person)	\$
	C	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	H	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
						à.			\$
	u	MBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	E	CLAIMS-MADE						AGGREGATE	\$
	D	DED RETENTION \$							\$
		ERS COMPENSATION MPLOYERS' LIABILITY			*			PER OTH-	
	ANY P	ROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	(Manda	atory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, o	describe under RIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Lafayette Board of Works 20 N 6th Street Lafayette, IN 47901

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

area.

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MISCELLANEOUS PAYMENT RECPT#: 3139235 City of Lafayette, IN 20 N 6th St Lafayette IN 47901

TIME: 14:41 DATE: 03/16/22 DEPT: CLERK: sscott

CUSTOMER#: 999 MISC CUSTOMER

COMMENT: TASTE BANNER

CHARGES: 50.00 BANNER INSTALLM BANF 50,00

AMOUNT PAID:

TIPPECANOE ARTS FEDE PAID BY:

PAYMENT METH: CREDIT CARD V 4180 1123

REFERENCE:

50.00 AMT TENDERED: 50.00 AMT APPLIED: .00 CHANGE: